

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088320	2 Total pages filed: 21	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Doug D.	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024
	NICKNAME	LAST Peterson	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 14917 El Camino Real Box #891193 Houston, TX 77289			Date Hand-delivered or Date Postmarked
				Receipt #
				Amount
				Date Processed
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Luis Angel	MI MI	Date Imaged
	NICKNAME	LAST Sanchez	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7322 Donnino Dr Texas City, TX 77591			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 889-0832			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH 09/26/2024			
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 129 Harris		12 OFFICE SOUGHT (if known) State Representative District 129	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 21

13 C / OH NAME	Peterson, Doug D. (Mr.)	14 Filer ID	(Ethics Commission Filers)
		00088320	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,827.71
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	130.95
	4. TOTAL POLITICAL EXPENDITURES	\$	5,107.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Doug D. Peterson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 21

18 FILER NAME Peterson, Doug D. (Mr.)		19 Filer ID (Ethics Commission Filers) 00088320
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,827.71
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,107.58
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/13 Rpt: 4/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, SANDRA <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77358	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, SANDRA <hr/> Contributor address; City; State; Zip Code MONTGOMERY, TX 77358	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Kathryn <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) GCCISD
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alix, Samuel <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWMAN, PETER <hr/> Contributor address; City; State; Zip Code NASSAU BAY, TX 77058	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/13 Rpt: 5/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWMAN, PETER <hr/> 6 Contributor address; City; State; Zip Code NASSAU BAY, TX 77058	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, John <hr/> Contributor address; City; State; Zip Code Felton, DE 19943	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beard, Loretta <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertrand, Robert <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Representative		Employer (See Instructions) Primerica
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertrand, Robert <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Representative		Employer (See Instructions) Primerica

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Cathy <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Aaron <hr/> Contributor address; City; State; Zip Code Houston, TX 77003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) Texas House of Representatives
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COROY, ALBERT <hr/> Contributor address; City; State; Zip Code Center Point, TX 78010	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calaway, Wallis <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrell, Frederick <hr/> Contributor address; City; State; Zip Code Sycamore, IL 60178	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/13 Rpt: 7/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrell, Frederick 6 Contributor address; City; State; Zip Code Sycamore, IL 60178	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrell, Frederick Contributor address; City; State; Zip Code Sycamore, IL 60178	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrell, Frederick D. Contributor address; City; State; Zip Code Sycamore, IL 60178	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrell, Frederick D. Contributor address; City; State; Zip Code Sycamore, IL 60178	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrell, Frederick D. Contributor address; City; State; Zip Code Sycamore, IL 60178	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/13 Rpt: 8/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 08/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coblentz, Linda 6 Contributor address; City; State; Zip Code Houston, TX 77063	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corona, Marty Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corona, Marty Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daggett, Melissa Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) San Jacinto College
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daggett, Melissa Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) San Jacinto College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/13 Rpt: 9/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daggett, Melissa <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Instructor		9 Employer (See Instructions) San Jacinto College
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeChellis, Marc <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVERY STATE BLUE TEXAS <hr/> Contributor address; City; State; Zip Code WASHINGTON, TX 20001	Amount of Contribution (\$) \$416.51
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GORDON, LEWIS <hr/> Contributor address; City; State; Zip Code LA PORTE, TX 77871	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GORDON, LEWIS <hr/> Contributor address; City; State; Zip Code LA PORTE, TX 77871	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Adrian <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77249	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grim, Terry <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gushanas, Kim <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) University of Texas medical branch
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Patrick <hr/> Contributor address; City; State; Zip Code Houston, TX 77075	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hockstedler, Clara <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchison Cucco, Katherine <hr/> 6 Contributor address; City; State; Zip Code Seabrook, TX 77586	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchison Cucco, Katherine <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUTHER, Marianne <hr/> Contributor address; City; State; Zip Code Thurmond, NC 25583	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Helen <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURPHEY, Leslie <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77686	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malin, Jane <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Expert Consultant		9 Employer (See Instructions) self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malin, Jane <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Expert Consultant		Employer (See Instructions) self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malin, Jane <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Expert Consultant		Employer (See Instructions) self
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menard, Jane <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasrullah, Mohammed <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/13 Rpt: 13/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Taylor Lake Village, TX 77586	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Environmental Consultant		9 Employer (See Instructions) self
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Jonathan <hr/> Contributor address; City; State; Zip Code Taylor Lake Village, TX 77586	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Environmental Consultant		Employer (See Instructions) self
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDSON, PARVIN <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77059	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RITTER WAINWRIGHT, FRANCES <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77062	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Revill, Laurie <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/13 Rpt: 14/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Leslie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Boeing
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Robert <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$5.40
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Robert <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$5.40
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Robert <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$5.40
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Kerrebrook, Mary <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Van Kerr & Associates PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WYNN, MARTHA 6 Contributor address; City; State; Zip Code FRIENDSWOOD, TX 77546	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Willie Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NASA
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Rick Contributor address; City; State; Zip Code Evansville, IN 47715	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) krist, kim Contributor address; City; State; Zip Code houston, TX 77062	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) krist, kim Contributor address; City; State; Zip Code houston, TX 77062	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/21
2 FILER NAME Peterson, Doug D. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088320
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) krist, kim <hr/> 6 Contributor address; City; State; Zip Code houston, TX 77062	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) roosa, kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Austin comm college

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 17/21	2 FILER NAME Peterson, Doug D. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088320
4 Date 09/26/2024	5 Payee name ACTBLUE	
6 Amount (\$) \$257.39	7 Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2024	Payee name AREA DEMOCRATIOC MOVEMENT	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name AREA DEMOCRATIOC MOVEMENT	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 18/21	2 FILER NAME Peterson, Doug D. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088320
4 Date 08/26/2024	5 Payee name COSTCO	
6 Amount (\$) \$64.94	7 Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT EXPENSE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/26/2024	Candidate/Officeholder name Office sought Office held	
Payee name HOME DEPOT		
Amount (\$) \$22.73	Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT EXPENSE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/24/2024	Candidate/Officeholder name Office sought Office held	
Payee name MONARCH PRINTING		
Amount (\$) \$389.70	Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 19/21	2 FILER NAME Peterson, Doug D. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088320
4 Date 09/20/2024	5 Payee name MONARCH PRINTING	
6 Amount (\$) \$1,299.00	7 Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING EXPENSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/25/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.74	Payee name Office Depot Payee address; City; State; Zip Code 2118 CHERRYTREE RIDGE LN HOUSTON, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE EXPENSE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/22/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,685.99	Payee name SPRINT 2 SPRINT Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 20/21	2 FILER NAME Peterson, Doug D. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088320
4 Date 08/29/2024	5 Payee name SPRINT 2 SPRINT	
6 Amount (\$) \$798.34	7 Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/08/2024	Candidate/Officeholder name THECAUCUS.ORG	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/10/2024	Candidate/Officeholder name WALMART	
Amount (\$) \$10.80	Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT EXPENSE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 21/21	2 FILER NAME Peterson, Doug D. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088320
4 Date 08/22/2024	5 Payee name WELLS FARGO BANK	
6 Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held